

## Requisition for Molecular Diagnostic Tests

PATIENT LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
Gender: \_\_\_\_\_ Age: \_\_\_\_\_ CRIS Order # (if any): \_\_\_\_\_  
Pathology Case Number: \_\_\_\_\_ Medical Record Number: \_\_\_\_\_  
Requesting Physician: \_\_\_\_\_ Pager/Telephone #: \_\_\_\_\_

### Specimen Information

Paraffin-embedded Tissue (check appropriate boxes):

Fixation: Formalin B-5 Other: \_\_\_\_\_

Slides: NIH recut Outside submission

Involvement: Full Partial (circle area of interest)

Outside Case #: \_\_\_\_\_ SoftPath Block ID: \_\_\_\_\_ Tissue Source: \_\_\_\_\_

Fresh-frozen Tissue Tissue source: \_\_\_\_\_

Blood \_\_\_\_\_ (ml) Bone Marrow \_\_\_\_\_ (ml) CSF \_\_\_\_\_ (ml)

Other (specify): \_\_\_\_\_

### Clinical Information

Diagnosis / Preliminary Diagnosis: \_\_\_\_\_

Brief Clinical History: \_\_\_\_\_

Molecular Diagnostic History (if any): \_\_\_\_\_

### Tests Requested

#### Hematopathology

B cell Clonality: IGH  
IGK  
T cell Clonality: TRG  
Translocation: t(14;18) IGH/BCL2  
Virus Detection: EBV (EBNA2)  
HHV8 (ORF72)\*  
HTLV-I/II (Pol)

#### Sarcoma

Ewings: t(11;22)/t(21;22)  
Rhabdomyosarcoma:  
t(2;13)/t(1;13)  
Synovial: t(X;18)  
Desmoplastic Round Cell:  
t(11;22)(p13;q12)\*

#### Oncology

KRAS mutation

\* research only

### Test Results - For Lab Use Only

DNA (RNA) #: \_\_\_\_\_ MD #: \_\_\_\_\_ Date of Accession: \_\_\_\_\_

Specimen QC: % of Tumor Cells: \_\_\_\_\_ DNA (RNA) Concentration (ng/ul): \_\_\_\_\_

Size Control: \_\_\_\_\_ GAPDH: \_\_\_\_\_

Test Name

Test Result

Test Name	Test Result

Signature: \_\_\_\_\_  
Mark Raffeld, M.D.  
Chief, Specialized Diagnostics

Date: \_\_\_\_\_

Turnaround Time \_\_\_\_\_

## Instruction for Specimen Submission of Molecular Diagnostic Tests

1. Please type or clearly print all information and check appropriate boxes applied to your specimens.
2. For paraffin-embedded tissue, tissue should be formalin fixed. DNA from B-5 or other fixatives generally do not amplify well.
3. When submitting either full or circled slides, please make sure the total area for analysis is at least 1 cm<sup>2</sup>. This amount of tissue is required for a complete B and T-cell analysis.

$$\text{One cm}^2 = \square \text{ or } \bigcirc$$

4. Please include the Outside Case #, SoftPath Block ID, and Tissue Source on your request. This information is required for QM/QA in the lab and during the molecular sign-out.
5. Always submit the completed requisition form with the specimen. For cases from the Clinical Center, you must place a CRIS order as well.

### Molecular Diagnostics Unit Contacts:

Tina Pham, MT(ASCP), CLSp(MB)	(301) 435-2632	tinapham@mail.nih.gov
Trinh Pham, MS	(301) 435-5234	phamtrin@mail.nih.gov
Liqiang Xi, MD	(301) 594-1525	xil2@mail.nih.gov
Mark Raffeld, MD	(301) 496-1569	mraff@mail.nih.gov